

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board
Division, Department, or Region (if applicable)

Street Address

1000 G Street, Suite 450 ; Sacramento, CA 95814

Area Code/Phone Number

(916) 324-4695

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

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TO JAN 26 PM 1:50

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☒ Individual Neal Frederick/Louise ☐ Other
Last Name First Name Name
1008 Ramona Ave Albany CA 94706
Address City State Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

 \$ \$
Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) 09/15/2009 \$ \$50.00
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel

 \$ \$ \$ \$
Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

One-time donation to MRMIB's California's Healthy Families Program (CHFP).

Identify the officials for whom the payment was used:

Last Name First Name Title Department/Division

Last Name First Name Title Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 Lesley Cummings Executive Director 11/25/10
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)